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7590

08/17/2004

Paul A. Leipold
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11/09/2004 MAHNE2 00000129 050225 10695677

01 FC:1501 1370.00 DA

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<i>June P. Carfagna</i>	(Depositor's name)
<i>June P. Carfagna</i>	(Signature)
<i>November 4, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,677	10/29/2003	John R. Fyson	85288LMB	5039

TITLE OF INVENTION: PARTIALLY OXIDIZED POLYALKYLENEIMINE ANTIOXIDANT FOR PHOTOGRAPHIC DEVELOPERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, HOA VAN	1752	430-490000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *Lynne M. Blank*
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EASTMAN KODAK COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

343 STATE STREET, ROCHESTER, NY 14650-2201

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual☒ corporation or other private group entity☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card, Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0225 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Paul A. Leipold 11/2/04

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